

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-041014

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

294

Primary Registration District No.

3056

Registrar's No.

230

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED OCT 21 1963

1. PLACE OF DEATH

a. COUNTY

Randolph

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Moberly

Length of stay in 1b
8 weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Woodland Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Randolph

c. CITY OR TOWN Clifton Hill

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
no street address

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

Sallie

Lambeth

Stark

4. DATE OF DEATH

Month

Day

Year

October

15

1963

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8-23-1889

9. AGE (last birthday)

74

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

home

11. BIRTHPLACE (City and state or country)

Randolph Co., Missouri

12. CITIZEN OF WHAT COUNTRY

United States

13a. FATHER'S NAME

Charles V. Lambeth

13b. MOTHER'S MAIDEN NAME

Carry E. Lea

14. NAME OF HUSBAND OR WIFE

James L. Stark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL SECURITY NO.

[redacted]

17. INFORMANT

Charles Baker: Clifton Hill, Missouri

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hrmorrhage

INTERVAL BETWEEN ONSET AND DEATH

Aug 21 63

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug 8th, to Oct 15th 63 and last saw her alive on Oct 15th 63

Death occurred at 9:40 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

[Signature]

22b. ADDRESS

Moberly Missouri

22c. DATE SIGNED

10-16-63

23a. BURIAL, CREMATION, OR REMOVAL (Specify)

burial

10-17-1963

23b. NAME OF CEMETERY OR CREMATORY

Clifton Hill Cemetery

23d. LOCATION (City, town, or county)

Clifton Hill, Missouri

24. FUNERAL DIRECTOR

ADDRESS

J. B. Patton & Son, Huntville, Mo.

25. DATE RECD BY LOCAL REG.

10-17-63

26. REGISTRAR'S SIGNATURE

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

2

1

2

0

0

331x

10

11

5-0

3-0

VS 300

Rev. 4/59

NOV 14 1963

MAR 25 1964

FEB 18 1964

OCT 16 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 10-17-63